

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HA	SC 252	07-26-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	11/1/02
2	✓	✓	11/1/02
3	✓	✓	11/1/02
4	✓	✓	11/1/02
5	✓	✓	11/1/02
6	✓	✓	11/1/02
7	✓	✓	11/1/02
8	✓	✓	11/1/02
9	✓	✓	11/1/02
10	✓	✓	11/1/02
11	✓	✓	11/1/02
12	✓	✓	11/1/02
13	✓	✓	11/1/02
14	✓	✓	11/1/02
15	✓	✓	11/1/02
16	✓	✓	11/1/02
17	✓	✓	11/1/02
18	✓	✓	11/1/02
19	N	N	11/1/02
20	✓	✓	11/1/02
21	✓	✓	11/1/02
22	✓	✓	11/1/02
23	✓	✓	11/1/02
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25	✓	✓	11/1/02
26	✓	✓	11/1/02
27	✓	✓	11/1/02
28	✓	✓	11/1/02
29	✓	✓	11/1/02
30	✓	✓	11/1/02
31	✓	✓	11/1/02
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46	✓	✓	11/1/02
47	✓	✓	11/1/02
48	✓	✓	11/1/02
49	✓	✓	11/1/02
50	✓	✓	11/1/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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